STATE OF NEW YORK
DEPARTMENT OF HEALTH

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April 22, 2004

To: Hospital CEO/Long Term Care Administrator

From: NYSDOH Bureau of Communicable Disease Control, Infection Control Program

VRSA Public Health Advisory
Please distribute immediately to the Infection Control Department, Emergency Department, Employee Health, Infectious Disease, Director of Nursing, and all patient care areas.

PURPOSE
The intention of this advisory is to provide notification to healthcare providers that a case of vancomycin-resistant *Staphylococcus aureus* (VRSA) has been identified in a long-term care residential facility in New York State.

BACKGROUND
On March 17th, 2004, a urine culture was obtained from a resident of a long-term care facility in Nassau County in New York State. The specimen was confirmed by the Centers for Disease Control and Prevention (CDC) to be VRSA. The resident is currently colonized with the organism. The resident had a history of methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococcus (VRE) infection and colonization.

The NYSDOH has collaborated with the long-term care residential facility, and the acute care hospital where the resident is routinely transferred for acute illness, to develop infection control measures to reduce the risk of transmission. These measures are in accordance with the CDC recommendations outlined in their document entitled Investigation and Control of Vancomycin-Intermediate and Resistant *Staphylococcus aureus* (VISA/VRSA). This document can be obtained at the following website: http://www.cdc.gov/ncidod/hip/vanco/vanco.htm. The NYSDOH has been consulting with the CDC on the recommendations to the facilities involved.

Surveillance cultures have been obtained on residents and staff as per NYSDOH recommendations. The culture results are negative to date, suggesting a limited risk of transmission to health care workers and patients in the facility. Nevertheless, health care workers at the facility need to follow assiduously the control measures outlined by CDC (above). There is minimal risk to public health in the general community or surrounding facilities.

RECOMMENDATIONS

This case is the third documented case of VRSA identified in the United States. The most accurate form of vancomycin susceptibility testing for staphylococci is a non-automated minimum inhibitory concentration (MIC) method (e.g. broth microdilution, agar dilution, or agar-gradient diffusion). Please assure that the clinical laboratory your facility employs utilizes susceptibility testing methods that will detect VRSA. Refer to the attached dispatch released by the CDC in the Morbidity and Mortality Weekly Report (MMWR) on April 23, 2004, for specific information on this issue. More guidance on laboratory testing methods can be found by accessing the CDC website at: http://www.cdc.gov/ncidod/hip/vanco/vanco.htm. Cases of vancomycin-intermediate susceptibility *Staphylococcus aureus (*VISA) and VRSA are reportable to your local health department. Facility-acquired cases of VISA/VRSA are reportable to the local health department and the NYSDOH Infection Control Program. The nosocomial report form DOH 4018 can be obtained by accessing the following website: http://www.health.state.ny.us/nysdoh/infection/infecreport.pdf, or by contacting your NYSDOH Regional Office.

Brief Report: Vancomycin-Resistant *Staphylococcus aureus* --- New York, 2004 taken from CDC MMWR Vol. 53, No. 15 can be found at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5315a6.htm

CDC MMWR April 23, 2004, Vol. 53, No. 15 (full report) can be found at:
http://www.cdc.gov/mmwr/PDF/wk/mm5315.pdf